UNIVERSITY OF VETERINARY MEDICINE BUDAPEST English-language Program

APPLICATION FORM

To Begin Studies in September 2021

Type or block print all information.

1. Requested documents

Collect, scan and send the following documents (in a certified English translation) via email:

- a, Completed application form
- b, Secondary school leaving certificate¹.
- c, Curriculum Vitae (Resume).
- d, Short medical report2.
- e, Copy of passport with your personal data.
- f, Application Fee EUR 200 (non refundable) payable to the local representative. If there is no local representative please transfer the fee to bank account of the University (https://univet.hu/en/education/admission/fees-and-costs/)
- g, Letters of recommendation can be enclosed.
- + Transcript of records only for applicants with relevant preliminary studies ('transfer students')3

Please, tick (\checkmark) the appropriate box.

I apply for the entrance examination. I apply as a transfer student.

2. Personal data			
Family Name (Surname)			
First Name (Given name)			
Please, write your name as writ	ten in the passport.		
$\overline{Sex~(F/M})~~\overline{Birthdate~(D/M/Y)}$	Birthplace (City / Country)		
Passport or ID card No.	Citizenship ⁴		
Mother's full maiden name			
Address (No., Street, City, Posta	al Code, Country)		
Mobile Phone Number	E-mail		
Contact Address (No., Street, C	ity, Postal Code, Country) – if not the same as 'A	ddress'	
Person to notify in emergency:			
Name		Relationship	
E-mail	Mobile Phone Number		
Address (No. / Street / City / Pos	tal Code / Country)		

¹ For last year high school students, the high school leaving certificate can be provided after graduation. Predicted grades needs to be attached if

² Medical certificate sample: https://univet.hu/en/education/admission/application-and-admission-requirements/medical-report-sample

³ For example: IB program, Cambridge diploma, French BCPST program, academic background in natural sciences, etc.

⁴ If you have dual citizenship please underline the country, whose passport you will use when you enter Hungary.

3. Education

List all secondary schools attended and any university studies if applicable

Name of School	Location	Dates Attended From To		Type Certificate or Diploma	
Date and place of matriculation /					
Certificate issued by:		No:			
Activity after matriculation / hi	gh school, if any:				
What is your mother tongue?					
Other languages:					
Language	Beginner:	Intermediate:	Advanced:		
Language	Beginner:	Intermediate:	Advanced:		
Language	Beginner:	Intermediate:	Advanced:		
Do you speak Hungarian?	Yes No				
If yes, please, tick the approprishes she/he is a surgeon compared or	ny-representative scie	_			
Where and how did you learn a					
a Budapest-student	al representative w my vet friends ative other (please, sp	my school			
Name (or Company) of local rep	presentative (if applicable):				
	oplication form and all the nave a local representative	•	•	-	
I understand that all information s purpose of selection and administ and accurate. I declare that I am fu of the University of Veterinary Me I accept that the authenticity of tright to withdraw acceptance from documents are to be submitted after	ration. The information I hav lly aware of the contents of th dicine Budapest and I fully ac he provided documents are to a students whose provided do	e given in this applicate application procedu- cept the given condition the responsibility of t	ation is, to the re (www.univet.ons.	best of my knowledge, true .hu/en/education/admission) The University reserves the	
Signature:		Date:			